Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

Reg. Dist. No.
Primary Reg. Dist. No.
Registrar's No.

1. Decedent's Name (First, Middle, LAST)		2. Sex	3. Date of Death (Month, Day, Year)
DANNY HOOKS		Male	September 15, 2004

4. Social Security Number	5a. Age-Last Birthday (Years)	5b. Under One Year		5c. Under 1 Day		6. Date of Birth (Month, Day, Year)	7. Birthplace (City, County, and State or Foreign Country)
		Months	Days	Hours	Minutes		
401-66-6036	59					Nov 21 1944	Harlan Co., KY

8. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No

9a. Place of Death (Check Only One)
Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
Other: ☐ Nursing Home ☐ Residence ☒ Other (Specify) Prison

9b. Facility Name (If Not Institution, Give Street and Number)	9c. City, Village, Twp., or Location of Death	9d. County of Death
Corrections Medical Center	Columbus	Franklin

10. Marital Status-Married, Never Married, Widowed, Divorced (Specify)	11. Surviving Spouse (If Wife, Give Maiden Name)	12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired)	12b. Kind of Business/Industry
Never Married	---------	Laborer	Unknown

13a. Residence-State	13b. County	13c. City, Town, Twp., or Location	13d. Street and Number
Ohio	Franklin	Columbus	1990 Harmon Avenue

13e. Inside City Limits?	13f. ZIP Code	14. Was Decedent of Hispanic Origin? ☐ Yes ☒ No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)	15. Race-American Indian, Black, White, etc. (Specify)	16. Decedent's Education (Specify Only Highest Grade Completed)
☒ Yes ☐ No	43223		White	Elementary/Secondary (0-12) 12 / College (1-4 or 5+)

17. Father's Name (First, Middle, Last)	18. Mother's Name (First, Middle, Maiden Surname)
Lawrence Eldridge	Mattie Irene Hooks

19a. Informant's Name (Type/Print)	19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code)
Kathy Trauthwein	3871 Hammond Blvd Hamilton, OH 45015

20a. Method of Disposition
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place)	20c. Location (City or Town, State)
Capitol Crematory	Columbus, Ohio

20d. Date of Disposition	21a. Name of Embalmer (First, Middle, Last)	21b. License Number
September 22, 2004		-------

22a. Signature of Funeral Director or Other Person	22b. License Number (of Licensee)	23. Name and Address of Facility (Include City, State and ZIP code)
Melvin Shaw	8257	SHAW-DAVIS FUNERAL HOME 614-299-4155 34 West Second Avenue Cols, OH 43201 Victorian Village Chapel

24. Registrar's Signature	25. Date Filed (Month, Day, Year)	
Neda Taylor	9/22/04	

26a. Signature of Person Issuing Permit	26b. Dist. No.	27. Date Permit Issued
See	0S	9/22/04

28a. Certifier (Check Only One)
☒ Certifying Physician
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ Coroner
On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

28b. Time of Death	28c. Date Pronounced Dead (Month, Day, Year)	28d. Was Case Referred to Coroner?
06:47AM	9/15/2004	☐ Yes ☒ No

28e. Signature and Title of Certifier	28f. License Number	28g. Date Signed (Month, Day, Year)
Martin Akusoba MD	35-67202-A	9/15/04

29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code)
MARTIN AKUSOBA MD 1990 HARMON AVE COLS 43021

30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) →	a. METABOLIC DERANGEMENT	HOURS
Sequentially list conditions, if any, leading to the immediate cause	b. Due to (or as a Consequence of) END STAGE RENAL DISEASE	YEARS
Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)	c. Due to (or as a Consequence of) DIABETES MELLITUS	YEARS
	d. Due to (or as a Consequence of) HYPERTENSION	YEARS

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
COPD, NON-WITHDRAWAL SEIZURE

31a. Was an Autopsy Performed? ☐ Yes ☒ No	31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? ☐ Yes ☐ No

32. Manner of Death	33a. Date of Injury (Month, Day, Year)	33b. Time of Injury M	33c. Injury at Work? ☐ Yes ☐ No	33d. Describe How Injury Occurred
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide ☐ Could not be Determined				

33e. Place of Injury | 33f. Location (Street and Number or Rural Route Number, City or Town, State)